

POLICY INFORMATION CENTER

45 Rockefeller Plaza, Suite 2000

New York, NY 10111-0100

(800) 456-8174

Thank you for contacting the Policy Information Center. As you may know, the Policy Information Center was established by Assicurazioni Generali to assist people seeking information from the company's archives in Italy regarding policies issued before and during World War II in Central and Eastern Europe. If you believe you or a family member held a policy issued by Generali during this time, we will initiate a records search based on the information you supply to us.

To begin a search we will need you to fill out the enclosed search application form which asks for some basic information about you and your family and the estimated date and place of issue of the insurance policy. You may also enclose copies of relevant documents and provide any additional information you may have. Please return the completed search application form to us at the above address.

Once your search application has been received and processed, we will forward to you a *record locator* which will be a code that you can use to check on the progress of your search. Please be aware that it may take several months to search the records for any information pertinent to your application because they are, in most instances, over 60 years old, not alphabetized and written in several languages. We will be entering records into computer databases to speed this process. When the search process is completed, you will be notified promptly of the results. If any information relevant to your search is located, we will forward it to you as soon as possible. Thank you for your patience during this process.

While we are resolved to search for relevant information and to share it with you, kindly note that because of, among other things, the expropriation of all assets and branches of Generali in Central and Eastern Europe after World War II, Generali believes it has no obligation under policies issued in those countries. The Policy Information Center also wants you to understand that it cannot advise you on any legal issues relating to these matters or to monetary claims.

Generali is setting up a fund in the amount of \$12,000,000 to be used, among other things, for discretionary payments to beneficiaries under such policies and their legal successors, in accordance with priorities and criteria to be determined by a committee headed by a retired justice of the Supreme Court of Israel. Other members of the fund committee will be appointed by the respective chairmen of the Finance Committee of the Israeli Knesset, the Insurance Sub-committee of the Knesset, the Knesset Committee for Restitution of Jewish Property and by Migdal Insurance Company, Ltd. The procedures for applications to the committee will be published by it at a later date.

Sincerely,

Policy Information Center

GENERALI POLICY INFORMATION CENTER

Application N° 1306 E

(KINDLY TYPE THE INFORMATION OR USE BLOCK LETTERS.)

Name of Applicant: _____

Address: (State residence only) _____

(Street)

(City)

(State and ZIP Code)

Fax number: _____

Re: Request for information¹

I hereby request that you check the records available for information concerning a life insurance policy I believe was issued by Assicurazioni Generali's branch office in _____ (country) before 1946, as follows:

DETAILS:

Policy Number _____ ()²

Date of issue: _____ ()

Place of issue: _____ ()

(City)

(Country)

POLICY OWNER:

1. Name _____

2. Date of birth _____

3. Address _____

(Street)

(City/Country)

INSURED:

1. Name _____

2. Date of birth _____

3. Address _____

(Street)

(City/Country)

4. Relationship of insured to policy owner _____ ()

¹ Please provide information to the extent available to you and enclose photocopies of any relevant documents you can supply.

When uncertain of spelling put all alternative spellings known to you.

² When uncertain of information please put X in parenthesis ()

BENEFICIARY:

1. Name _____ ()
2. Date of birth _____ ()
3. Address _____ ()

(Street)

(City/Country)
4. Date of death _____ ()

RELATIONSHIP:

I am the _____ of the Policy Owner/the Insured/the Beneficiary ³

Date: _____
Day/Month/Year

Signature

PLEASE MAIL THE COMPLETED FORM TO THE GENERALI POLICY INFORMATION CENTER AT THE FOLLOWING ADDRESS:

ASSICURAZIONI GENERALI
Direzione Centrale
Segreteria Centrale
Generali Policy Information Center
Piazza Duca degli Abruzzi, 2
34132 Trieste
ITALY

³ State relationship and circle the relevant category.